

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



October 25, 2002

ALL COUNTY LETTER NO. 02-81

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHILD CARE COORDINATORS
ALL FISCAL OFFICERS

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
☐ Federal Law or Regulation Change
☐ Court Order
☐ Clarification Requested by One or More Counties
☒ Initiated by CDSS

SUBJECT: RESERVE FUNDING REQUESTS FOR FISCAL YEAR 2002/03
STAGE ONE CHILD CARE

REFERENCE: FISCAL YEAR (FY) 2002/03 ALLOCATION FOR THE CALIFORNIA
WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS
(CalWORKs) SINGLE ALLOCATION COUNTY FISCAL LETTER
NO. 02/03-19 DATED SEPTEMBER 26, 2002

This letter is to solicit county requests for CalWORKs Stage One Child Care reserve funding. If necessary, the California Department of Social Services will submit a letter to the Department of Finance (DOF) requesting approval to access reserve funds for CalWORKs Stage One Child Care services for FY 2002/03.

If your county needs additional funding for Stage One Child Care services during this fiscal year, please complete and submit the following information via e-mail or fax by November 8, 2002.

- The attached reserve request;
- Your FY 2002/03 first quarter expenditures for Child Care and the Single Allocation. The expenditures for Child Care and the Single Allocation should be consistent with the amount counties will report on the DFA 327.4 (staff development, cost summary and funding) and DFA 327.5 (welfare program) within the county expense claims for the September 2002 quarter.

The reserve request, along with CW 115 and 115A data and the first quarter expenditures, will provide the information necessary to complete our analysis to justify the county reserve requests with the DOF. Please be prepared to respond to additional requests for information, if necessary.

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Please return the attached reserve request and the first quarter expected expenditures by November 8, 2002 to Ms. Kim Relph in the Child Care Programs Bureau:

via e-mail to:
Kim.Relph@dss.ca.gov

or via fax to:
Attention: Ms. Kim Relph
(916) 654-1516

Any questions regarding this All County Letter should be directed to Ms. Pam Grigsby at (916) 654-8273.

Sincerely,

**ORIGINAL SIGNED BY
BRUCE WAGSTAFF ON 10/25/02**

BRUCE WAGSTAFF
Deputy Director
Welfare to Work Division

Attachment

FY 2002/03 CalWORKs Stage One Child Care Reserve Request

If you believe your county will need additional funding for CalWORKs Stage One Child Care during FY 2002/03, please complete this reserve request and e-mail or fax by November 8, 2002 along with your FY 2002/03 first quarter expenditures and all the required supporting documents to:

Kim.Relph@dss.ca.gov

or via fax: Attention: Ms. Kim Relph
(916) 654-1516

County:

Stage One Child Care

Amount of FY 2002/03 child care allocation: \$

Amount of FY 2002/03 child care reserve funds requested: \$

Amount of FY 2002/03 first quarter child care expenditures: . \$
(Please submit a copy of the County Expense Claim forms DFA 327.4 and DFA 327.5 for the September 2002 quarter as soon as available).

Please explain in detail (including the purpose and dollar amounts) any child care contracts your county has from FY 2001/02 that impact the expenditure of your FY 2002/03 child care allocation.

Single Allocation

Amount of FY 2002/03 Single Allocation: \$

Amount of FY 2002/03 first quarter Single Allocation expenditures: \$

(Please submit a copy of the County Expense Claim forms DFA 327.4 and DFA 327.5 for the September 2002 quarter as soon as available).

Please explain in detail (including the purpose and dollar amounts) any Single Allocation contracts your county has from FY 2001/02 that impact the expenditure of your FY 2002/03 Single Allocation.

Stage Two Child Care

Please provide the number of children projected to move to Stage Two for each month of FY 2002/03.

July 2002	Aug 2002	Sept 2002
Oct 2002	Nov 2002	Dec 2002
Jan 2003	Feb 2003	Mar 2003
Apr 2003	May 2003	June 2003

Please provide any additional information on which your projection is based.

County Fiscal Officer (signature):

County Fiscal Officer (name):

County contact (name):

Email:

Telephone Number